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4 S INK-THIS UNFADING PLAINLY, WITH WRITE

state County Caroline 80 should OCCUPATION ...Ward) PHYSICIANS MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SFY 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED B DATE OF BIRTH properly classified. (Year) (Month) (Day) If LESS than TAGE t dayhrs. BOCCUPATION AGE (a) Trade, protession, or particular kind of work. (b) General nature of industry, supplied. may be business, or establishment in which employed (or employer) certificate. BIRTHPLACE (State or country) that 10 NAME OF FATHER 80 0 11 BIRTHPLACE Instructions on back terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DEATH in plain of information 13 BIRTHPLACE OF MOTHER See Every item mportant. (Address) 15 Febras 1914 Dollere m REGISTRAR m

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

[It death occurred in a kospilal or institution. give its NAME inslead of street and number.]

16 DATE OF DEATH	Film	14	1914
	(Month)	(Day)	(Year)
17 / I HEREBY	CERTIFY, That I	attended de	ceased from
+ Els/ 10, 11	91 4, to TE	4.	2, 191.4
that I last saw h	Fold	12	191 %
		/	7310
and that death occurred o		above, at	m
The CAUSE OF DEATH*	was as follows:		
	f f	7	
	ma long	ashirt	K
	(Duration)	yrs	nos. S. ds
Contributory Ex	Zamer of	Conn	relair
(Secondary)	~		4 -
James Parfoll	(Duration)	7yrs	nos Ods
(Signed)	7 5	eller	7-4 M. D.
Leller III	Address) 7	la late	and Rd
		back for	
*State the DISEASE CAUSES, State (1) MEAN TAL, SUICIDAL, OF HOME	NS OF INJURY; and	in deaths from	M VIOLENT
18 LENGTH OF RESIDEN	CE (FOR HOSPITALS,	INSTITUTIONS,	TRANSIENTS
OR RECENT RESIDENTS)	In the		
of death yrs mos.	ds. State	yrs,	mos, ds
Where was disease contracted, if not at piace of death?	to oo soo o • • • • • • • • • • • • • • •	204004000004000040000-00	
Former or			
usual residence		***************************************	
19 PLACE OF BURIAL OF		DATE OF B	
	Cem ma	Jet-1	191.4
20 UNDERTAKER	5	ADDRESS	
Colliado	mstB	w.	
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. R. L. Federalsburg

[Approved by U. S. Census and American Public Health
Association.]

CAUSINO DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.). heen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," material worked on may form part of the second additional line is provided for the latter statement the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPEBAL pertionitie," etc. State cause for childbirth or miscarriage, as "Purrerran septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) (Recommendations on statement of ... (name origin; "Can-Examples: For VIO-



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PHYSICIANS should of OCCUPATION IS PERMANENT ciassifled. UNFADING INK-THIS WRITE PLAINLY, WITH of information s DEATH in plain CAUSE OF

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	64

Ward)

[If death occurred in

FULL NAME Quithur Rober	a nospital of institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH Green, 3", 1914.
6 DATE OF BIRTH MALL, 22" (Year)	that I last saw h alive on
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2 15 0 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Genle Bronchile's Eff. (Duration) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Uuration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Capaes, state (1) Means of Injury; and (2) whether Accident TAY, Suicidal, or Howicidal.
13 BIRTHPLACE OF MOTHER (State or country) Delaware	At place In the of death yrs mos ds.
(Informant) Charlie L. Marew	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed # Febr. 1914 B. H. Jefferson REGISTRAR	20 UNDERTAKER Tomptom Son rederes but o
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



MARGIN

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classifled. UNFADING INK-THIS IS pinons AGE carefully supplied. that it may be DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF DEATH in plain terms. Important. No.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	(b	War		t.;	S	
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[if death occurred in a hospital or institution,

DATE OF BURIAL

DDRESS

	FULL NAME Still Switte	Grand of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	abrovor Marke 5 single, MARRIED, MIDOWED, WIDOWED, WIDOWED, Wijorete ORDIVORCED (Write the word)	16 DATE OF DEATH THE 12, 1914 (Month) (Day (Year)
8 D	ATE OF BIRTH Pet 12, 19/4. (Month) (Day (Year)	17 HEREBY CERTIFY, That I attended deceased from 191
⁷ A	Still bitte If LESS than t day, hrs. yrs. mos ds. OR min.?	and that death occurred on the date stated above, at
(a pa (b	CCUPATION 1) Trade, profession, or 1rticular kind of work Ceneral nature of industry, siness, or establishment in	Still ITM
wh	ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary
ARENTS	10 NAME OF FATHER Walnur Andrew 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE PROPERTY OF	(Signed)
14 .	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or

PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Consus and American Public Health Association.]

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pinous OCCUPATION PHYSICIANS 0 statement PERMANENT classified. pinous properly supplied. be may that 80 back terms. pinous 0 plain Instructions _ DEATH Item 9 Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH malin Registration Dist. No Ilf death occurred in St:----Ward) a hospital or Institution. give its NAME instead of efreet and oumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory..... ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. mos. State yrs, ____ mos. Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15

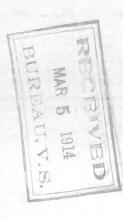
> REGISTRAR If more blanks are needed, address State Registrar, C.E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Caroline Registered No. [If death occurred in St :....Ward) a hospital or Institution. give its NAME instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S BINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or parficular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) * State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state .(1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State ____ yrs, ___ mos, (State or country) Where was disease contracted. It not at place of death? Former or usual residence. lobrar Mid 20 UNDERTAKER

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OCCUPATION PHYSICIANS RECORD PERMANENT AGE may that 80 ö piain Instructions Information 2 of Inform DEATH See Instru CAUSE OF important. S

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 CDLOR OR RACE (Month) (Day) HEREBY CERTIFY That lattended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH' was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) and *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) yrs. mos. ds. State Where was disease contracted. if not at place of death? usual residence.... DATE OF BURIAL 15 20 UNDERTAK

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

ADDRESS



[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of oecupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can



RECORD PERMANENT

should si NOI OCCUPATION PHYSICIANS 0 statement tated Exa classified. should properly AGE ed. Suppli may certificate. that 80 ō back terms, plain Instructions 2 EATH of A OF Important. Every It

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred inWard) a hospital or institution. give its NAME lostead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEY 4 COLOR OR RACE MARRIED. WIDOWED. (Day) (Month) Write the word) I HEREBY CERTIFY. attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above f day,hrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country) _____ yrs. mos. ds. State Where was disease contracted. If not at place of death?. Former or usual residence 15

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcopers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthfulmaterial worked on may form part of the second (a) Spinner, the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report d8.;



MARGIN RESERVED FOR BINDING

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so See instructions on back of should N. B.—Every item o CAUSE OF I

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vii	lage or City be dealshing (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	2FULL NAME JULY DUCK	Carlhaun
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3s Un	known what briefly word briefly wind the the word briefly the word briefly the the word brief	(Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw h alive on 191
7 A		and that death occurred on the date stated above, at
(a pa (b) bus	CCUPATION) Trade, profession, or Inticular kind of work) General nature of industry, siness, or establishmeni in lich employed (or employer)	Still hon (Duration) yrs 2 mos ds
-	IRTHPLACE (State or country)	Gontributory Secondary (Deration)
ARENTS	10 NAME OF FATHER Q - C COULDONN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 -	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) Lecteralshing, md	19 PLACE OF BURIAL OR REMOVAL Leteral Lange Med Let 1, 191 4

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1461

1 PLACE OF DEATH

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin

MAR 6 1914 BURLLAU. V.S.

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S. No. 1.

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PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS e carefully supplied. so that it may be See instructions on back of certificate. of information should be DEATH in plain terms. CAUSE OF I

PLACE OF DEATH 1462	
Country Country of Corol	0/1
her Hil aly	91
Village or City hear Middle (No.	
2 FULL NAME Subj	Clork

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

٧	FULL NAME Addin Sury Clo	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIEC, WIGOWEO, OR GIVERED (Write the word) ATE OF BIRTH Surgust Fout, 1913 (Month) (Day) (Year)	16 DATE OF DEATH # L. 24. 16 (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from Fill. 18 16, 1914, to Full 24. 1914, that I last saw h. 4. alive on Fill 18 18 18 1914.
7 A C	The state of the s	and that death occurred on the date stated above, at \$1.30 A,m The CAUSE OF DEATH* was as follows:
(b) busi whi	Interpretation of the state of industry, iness, or estate is ment in the employed (or employer) INTHPLACE tate or country) INTHPLACE (State or country)	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
14 т	OF MOTHER MANY Smith 13 BIRTHPLACE OF MOTHER (State or country) Che Above is true to the Best of My knowledge (Informant)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence
16	ed Held 2 5 1914. Pacers REGISTRAR If more blanks are needed, address State Registrar, 6 E	PLACE OF BURIAL OR REMOVAL APE OF BURIAL Tet 25, 191 4 20 ON PERTAKER ADDRESS CONTROLL CON
	and and and address mate negistrar, o m	e crausin St., Daito., Requesting V. S. No. 1.



[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

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PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

See instructions on back

CAUSE OF Important.

S. No. 1.

PHYSICIANS should state of OCCUPATION is very

stated EXACTLY.

RECORD

1 PLACE	OF	DEATH
. Caro	lin	e.

Village or CityNear FederalshurgNo

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

lif death occurred in a hospital or institution. give its NAME Instead ot street and number.

FULL NAME Alice Gertrude Collins.

	PERSO	ONAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 st	emale,	*hite,	MARRIED, WIDDWED, ORDIVORCED (Write the W	Single,	16 DATE OF DEATH Feb. 24th. 1914, 191 (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRT	April,	I5th.	, 1.888 (Year)	Heb 24, 1918, to Heb 24, 1914, that I last saw h. C.V. alive on Heb 24, 1914.
TAG		25 yrs IO	mos 9 ds.	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5-40-P m, The CAUSE OF DEATH* was as follows:
(a) pai (b)	CCUPATION) Trade, protession rticular kind of w General nature iness, or estab	vork	er.		Guttaises Frelimones
whi		employer)			Contributory Secondary
ITS	10 NAME O FATHER	F T W	L. Coll	ins,	(Signed) A. A. Seffesou M. D. 26 Feb., 1914 (Address) Rederals by M. D.
PARENTS	12 MAIDEN OF MOT	NAME	aware.	White,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
4 т		ACE	vland.		At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place ot death?
1		s.Elizabeth			Former or usual residence.
16 File		Federalsbur	Geffer	R. R. #T	Pederalshurg, Nd. Peb. 26.11, 1914
		If more blanks a	re needed, addr	ess State Regis	J.T. Framptom & Son, Federalsburg, trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Md.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the nisease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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DEATH

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certificate.

UNFADING Suppli should ō Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Year Ilf death occurred in St.:....Ward) Village or City a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Duca (Month) (Day (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191...., to (Day (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos, ... Where was disease contracted. If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Pranklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Honscmaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But iu many "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame orighu; "Canmia," "PUERPERAL peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopncumonia (secondary), 10 ds. Never report injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease cau be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Couna," "Couvulsions," "Debility" ("Conture of the Americau Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



RECORD

PERMANENT

V. S. No. 1.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. If death occurred to St.;... .. Ward) a hospital or Institution. give its NAME instead ot street and number. I (lmay) ö PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I satisfied deceased from DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? Och andra properl 6 OCCUPATION (a) Trade, protession, or particular kind of work. supplied. pe (b) General nature of industry. business, or establishment in (Duration) may which employed (or employer) medelling. Contributory 9 BIRTHPLACE (State or country) certifica Secondary that 10 NAME OF FATHER (Signed) of back ARENTS 28 , 191 (Address) 11 BIRTHPLACE should OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER Instructions plai 6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER (State or country EATH ot death yrs. mos. ds. State yrs. mos. Where was disease contracted. 14 THE ABOVE IS If not at place of death? ō Q Former or Every Item CAUSE OF Important. usual residence.. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 mary 2 6 1914 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

natvular heart disease; Chronic interstitial nephritis. sepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the is less defiuite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 66

St.;Ward

Ilf death occurred in a hospital or institution. give its NAME instead of street and number.]

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1 day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or employer) -----

1 PLACE OF DEATH

County Caroline

3 BEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

0	М	EDICAL C	ERTIFICATE	OF DEATH	
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18 LE	NGTH OF RE	SIDENCE	FOR HOSPITAL	s, Institution	, TRANSIENTS
Af plac	RECENT RESI	DENTS)	in the		
		mos		yrs,	mos. d
Where	was disease con it place of death	ntracted,		1 -4	
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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (7)

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Very should OCCUPATION PHYSICIANS RECORD of statement PERMANENT EXACTLY. tated classified. properly pe may certificate, that 80 ō pe back terms, should 00 plain instructions Information -EATH of 0 上〇 mportant. CAUSE

PARENT

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred inWard) a hospital or Institution, give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED WIDOWED, ORDIVERCED Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. Where was disease centracted. If not at place of death?... Former or usual residence. DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Tuerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;



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PHYSICIANS should of OCCUPATION IS

statement

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certificate.

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back terms,

DEATH in plain See instructions

information

of inform DEATH

CAUSE OF

Important.

PARENTS

EXACTLY.

PLACE OF DEATH

County Caroline,

Village or City Federalsburg, (No.

FULL NAME William Tilghman

STATE OF MARYLAND CERTIFICATE OF DEATH

Hignutt,

Registration Dist. No.

St: Ward)

It death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	(Month)	T5th.	(Year)
Je Bails,	Y CERTIFY, THE	Ely 10	1914
and that death occurred The CAUSE OF DEATH*	on the date state	ed above, at9	
1 But	inder yel	The Last	
Contributory Secondary	(Duration)		nos
(Signed)	(Duration)	and the kate	mosds. M. D.
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HOMI	CAUSING DEATH, ONS OF INJURY; CIDAL.	or, in deaths fr and (2) wheth	om VIOLENT er Acciden-
18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death mos. Where was disease contracted, If not at place of death?	In the State		
Former or usual residence	00000000 000000000	f	****************************
19 PLACE OF BURIAL OF		DATE OF B	
Bloomery, Nd.	Cemetery.	Feb. 18	, 1917
J.T. Framptom	& San	Rederal	o business

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, Male. White. ORDIVERCED Married, DATE OF BIRTH 25th. (Month) (Day (Year) TAGE If LESS than 1 day. hrs.

6 OCCUPATION (a) Trade, profession, or Willer.

particular kind of work... (b) General nature of Industry. business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER John Hignutt.

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rhoda Hubbard

Maryland

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Edw. E. Nuttle,

Federalsburg, Md.

16 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is, indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In pialn terms, so that It may be properly classified. Exact statement of OCCUPATION Is very RECORD PERMANENT UNFADING INK-THIS IS See Instructions on back of certificate. WRITE PLAINLY, WITH Important,

PLACE OF DEATH 1469	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
County KURYOCIUL	Registration Dist. No.
Village or City Filleston (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
*FULL NAME Margaret, C	Houchus of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 Je I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw here alive on July 1711, 1914
7 AGE If LESS than	and that desth occurred on the date stated above, at 3; 45 A m,
2. yrs 2 mos 22 ds 1 day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Done Juliani
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Carolino Co Ma	Gontributory Secondary (Smaller)
10 NAME OF a. W. Houchin	(Signed) (Ouration) frs mos ds.
2 11 BIRTHPLACE OF FATHER (State or country and an Oughan	1 *State the DISEASE CAUSING DEATH, br, in deaths from VIOLENT
OF FATHER (State or country Condon Euglas) 12 MAIDEN NAME OF MOTHER HEURIS LTA, W War	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Brooklyn Ny	At place In the of death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mrs all Holichin	Former or usual residence
(Address) Greensboro Mil	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filedel 9 1914 trill thumser	20 UND STAKER ADDRESS
Local REGISTRAR	MIMINILEMIN KNEUWOOD

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," ungnalified. is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marus "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations ou statement of "Dropsy." "PUERPERAL septichae-"Exhaustion," Never report



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Filed Feb 83 , 1914

UNFADING INK-THIS IS WRITE PLAINLY, WITH

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OGCUPATION is yery PHYSICIANS RECORD PERMANENT stated EXACTLY. should be AGE carefully supplied. See instructions on back of certificate. DEATH in plain terms, so that it Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of 1

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6.6

St .:--.. Ward) [if death occurred in a hospital or institution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Ferral Hute Single, Married, Wiloweld, Married, ORDIVORCED (Write the word)	18 DATE OF DEATH Jel, J. 1914 (Month) (Day (Year)	
march 26 ,1826	17 I HEREBY CERTIFY, That I attended deceased from	
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 44	
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Since Debility (Duration) yes mos ds	
9 BIRTHPLACE (State or country) Puncylvania 10 NAME OF FATHER Jobins Fluck	Contributory Secondary (Duration) yrs mos ds. (Signed) Ceru Selection many selec	
11 BIRTHPLACE OF FATHER (State or country) 2 Maiden NAME OF MOTHER OF MOTHER MANAGE OF MOTHER MANAG	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
of Mother Cana Anyder 13 BIRTHPLACE OF MOTHER (State or country) Don't Know 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mes. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec first line will be sufficient, e. g., Farmer or Planter, ness of various parsuits can be known. The question tlon is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State canse for childbirth or miscarrlage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "luauition," "Marasgeuital," theuia," "Anaemla" (merely symptomatic), "Atrophy." Bronchopneumonia (secondary), 10 ds. sepsis, tetanus) lujury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Couthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of "PUERPERAL septichae-The nature of the Never report



PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

stated EXACTLY.

AGE

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lif death occurred in

tnd.

FULL NAME William Poen	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on 191
8 yrs 2 mos ods or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) **TONAME OF FATHER** **TONAME OF FATHER* **TONAME OF FA	Contributory & Hearh. Failure (Signed) Fig. 13 - 00/53 Contributory & Hearh. Failure (Signed) Fig. 13 - 00/53 M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 2 NA HUXROCK	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds
(Informant) Saial Tones (Address) Federal Sture And	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL RATE OF BURIAL
Filed FI-2 1914 B-H Felensian Pegistran	Lederalsburg lemetery, Feb. 7", 1914 20 UNDERTAKER 3. T. Tramptom & Son Bederalsburg

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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No. 1. oż

Important.

DEATH in plain terms, so that it m See instructions on back of certificate.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name orlgin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

	1 PLAC	E OF	DEATH	1
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	Ca	no	100	. 0
County		7.6	200	×

PLACE OF DEATH	STATE OF MARYLAND
County Caroline.	CERTIFICATE OF DEATH
Village or City Lederals bring. (No.	Registration Dist. No
*FULL NAME Mrostin Juth	give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rale, 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
Selt 22 , 1835	that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 8-50-P.m. The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work Retired tessel	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Duration) 7 yrs. mos. ds.
State or country) Waryland	Secondary (Duration) yrs mos ds.
10 NAME OF LOW Mowbray.	(Signed) The tall of the M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER 14 OND 15 MAIDEN 15 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Harriett Conaway	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Wangland,	At place In the of death yrs,
(Informant) Was albert Porte	Where was disease contracted, If not at place of death? Former or usual residence
(Address) L'e devalsburg, Mid	Deduralorung Wed Jeb. 14", 1911
Filed 14 Feb 1914 B B Seffe Source	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, V E. Franklin St., Gaito., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train—aceisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inaultion," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report



OCCUPATION PERMANENT clas properly INK supplied UNFADING pino plain DEATH See ō OF Important. Every

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certificate. ō back 00 Instructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE Q 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, SELLA WIDOWED, (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. t day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. mos. Where was disease contracted, 14 THE ABOVE IS If not at place of death? ... Former or usual residence..... OF BURIAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inanitiou," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; For vio-



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N. B.

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		should ION Is
	RECORD	PHYSICIANS of OCCUPAT
1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		T CE

	1 PLACE OF DEATH 1474	STATE OF MA	
Co	ounty_Caroline,	CERTIFICATE (Registration D	/11
V	illage or CityAmerican Corner, (No	St; War	d) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
³ _{se} Fer	Acolor or RACE Single, MARRIEO, Widowed, Married, ORDIVORCED (Write the word)	(Month)	12th, 1914 (Day) (Year)
8 D	Exact date unknown, , , 1837. (Month) (Day) (Year)	foly H 1914 to that I last saw h alive on	attended deceased from
7 AC	76 yrs. mos. ds. OR min. ?	and that death occurred on the date stated. The GAUSE OF DEATH* was as follows:	above, at5-30-a-m,
(a) par (b) busi	CCUPATION Trade, profession, or ticular kind of work	(Ouration)	yrsmos. 7 ds.
9 81 (St	RTHPLACE (ate or country) Maryland.	(Secondary)	yrswes/ ds
ARENTS	10 NAME OF Benjimén Horney, 11 BIRTHPLACE OF FATHER (State or country) Haryland.	(Signed) 7 (Address) Real State the Dismass Callein Dismass Callein Dismass Callein Dismass Callein Company	of s M.O.
PARE	12 MAIDEN NAME OF MOTHER Unknown,	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	d (2) whether ACCIDEN-
.0	OF MOTHER (State or country) Unknown. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) T. V. Redman,	At place In the of death yrs mos ds. State Where was disease contracted, If not at place of death?	yrs, ds
15	(Address) Federalsburg, Md. R.R.#4.	19 place of Burial or Removal Federalsburg, Nd.	DATE OF BURIAL
Fil	191/2 Itel 1914 BB Jefferson	20 UNDERTAKER	ADDRESS

J.T. Framptom & Son, Federalsburg If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

Md.

REGISTRAR



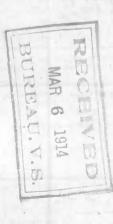
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO NEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication. as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when necded. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinetas (Carcinetas)

cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned chiidbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is iess definite; avoid use of "Tumor" for mailg. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so WRITE Important. N. B.-

PLACE OF DEATH 1475 County Parsline Village or City Deulow (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Month (Day) (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence.
Filed Hab 16, 1914 Do George Modernan	J. Virgil Moor Declar Dellar

If more blanks are needed, address State Registrar, & E. Frankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds. "Exhaustion," Examples: For VIO-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK_THIS PLAINLY, WITH WRITE N. B.

Village or City Reemson (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While (Write IDE word)	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH OCT 24 1822 (Month) (Day) (Year)	# # 1 last saw h in alive on 721, 7 , 1914,
7 AGE (Stott) (Day) (Tear) 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3, P m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Runique Per l'agy pir
9 BIRTHPLACE (State or country)	(Secondary) (Duration) yrs. — mos. — ds.
10 NAME OF FATHER COMMY Known	(Signed) M. D. J. G., 191 4 (Address) Real Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Address
12 MAIDEN NAME OF MOTHER Clinabalh Bular 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
Informant) Wally Justit	Where was disease contracted, If not at place ot death? Former or usual residenca
16 fl. 9 1914 kull Dummer Filedel- 9 1914 kull Dummer	PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PA

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for chiidbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may he stated under the head (Recommendations on statement of (name origin; "Can Examples: For vio-



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TANER	Statem	mul
PERM	Exact	6 DATE OF
IS A	assified.	7 AGE
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.	8 OCCUPA (a) Frade, pi particular ki (b) General
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UNFA	that it certifica	(State or
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LAINLY.	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.	12 MA OI OI OF (Stat
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PLACE OF DEATH	STATE OF MARYLAND	
10. 1	CERTIFICATE OF DEATH	
County County	Registration Dist. No. 6 3.	
Village or City Deckleheursho.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY That I attended deceased from	
Month (Day)	that I isst saw h alive an Porm ,191	
Fage Scale Bornel 1 day,hrs. ormin. ? Boccupation (a) Frade, profession, or particular kind of work	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributoryds.	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) (Ouration) yrs mos s. (Signed) (Signed) (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. Where was disease contracted, it not at place of death?	
(Informant) - Ele Halle	If not at place of death? Former or usual residence	
(Address) Beckleken	DATE OF BURIAL OR REMOVAL DATE OF BURIAL SELA 18, 1914	
Filed On 18, 1914 Ones 13, Danison and Registran If more blanks are needed, address State Registran	20 UNDERTAKER LA. S. Wadell Disklaham E. 6 E. Franklin St. Reite. Requesting V S. No. 1	

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the diblease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. mia," "PUEEPEEAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing ... (name origin; "Candeath), 29 da.; Examples:



MARGIN

No. 1. 02

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PHYSICIANS PERMANENT should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. so that it may be Important. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so m ż

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A				-46	

County Caroline

Near/ Greensbow (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

fif death occurred in a hospital or institution. give Its NAME Instead of street and number.]

	2FULL NAME 10 name	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S. J.	MARRIED, Siegle MARRIED, Siegle MODWED, DROIVORGED (Write the word) ATE OF BIRTH	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that last saw h alive on ,191
7 A	GE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
(a) pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work	Couration) yrs mos ds
	10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER USE DE GRANDE	(Signed) (Duration) yrs descendary (Duration) yrs descendary (Signed) (Signed) (Signed) (Address) Arelas that the Disease Causing Death, or, in the from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Lecustory A (Address)	At place of death
671	tollo will Kill 18	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Lacas

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (uame origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEEPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snieide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Coutributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustiou,"

